

**STATE OF MICHIGAN
PROBATE COURT
COUNTY OF**

**SAFE DEPOSIT BOX
CERTIFICATE AND RECEIPT**

FILE NO.

Estate of _____

CERTIFICATE

1. The undersigned certify that they were present on this date at the opening of the safe deposit box number _____

located in _____ ,
Name of bank, trust or safe deposit company

- a. they ☐ did ☐ did not find a will of the decedent;
- b. they ☐ did ☐ did not find a deed to a burial plot in which decedent is to be buried;
- c. no item or items, other than such deed or will, were removed from the safe deposit box.

Date

Signatures of others present, if any:

Signature of person named in order to examine contents of box

Signature of bank officer or authorized employee

REGISTER'S RECEIPT

2. I acknowledge receipt from _____
Lessor

of the following items:

- a. ☐ Will of the decedent
- b. ☐ Burial plot deed

Date

Deputy Probate Register

Do not write below this line - For court use only